



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E317843**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION
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CASE #	14-00740		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

DATE OF COLLISION	03 - 27 - 2014	TIME (2400)	1508	COUNTY #	31	MILES		N		E		IN		OF		CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>		
SR 9 NE	BLOCK NO.	600	MILE POST	

DISTANCE		MILES		N		E		OF (REFERENCE OR CROSS STREET)	SR 204
		FEET		S		W			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 2064190730
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LAST NAME	MARSHALL	FIRST NAME	KRISTEN	MIDDLE INITIAL	W
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STREET NEW ADDRESS	1109 HOYT AVE
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CITY	EVERETT	ST	WA	ZIP	982011529
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	MARSHKW193RB	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	12	-	02	-	1981
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	B99072X	STATE	WA	VIN#	3TMLU4EN3DM121377
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	TOYT	MODEL	TACOM	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ADAM MARSHALL 1109 HOYT AVE EVERETT WA 98201

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 9 76 080391 01/21
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253772470
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LAST NAME	SELBY	FIRST NAME	KIMBERLEY	MIDDLE INITIAL	L
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STREET NEW ADDRESS	12024 25TH CT NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982589543
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	SELBYKL405K4	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	05	-	24	-	1960
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AGA0574	STATE	WA	VIN#	2G4WS52J131218069
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	BUIC	MODEL	CEN4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KIMBERLEY SELBY PO BOX 1034 LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 9 76 221521 08/01
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E317843**

CASE # **14-00740**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>MATHIESON MARK L</b>														
ADDRESS & PHONE # <b>12024 25TH CT NE LAKE STEVENS WA 982589543</b>										SEX <b>M</b>	D.O.B. MMDDYYYY <b>06</b>	<b>08</b>	<b>1954</b>			
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY					
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY					
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 3/27/2014 at approximately 1508 hours, Unit 1 was stopped behind Unit 2 in the northbound lane of SR 9 NE at the intersection of SR 204 in the City of Lake Stevens. Both vehicles were stopped for the red light at the intersection. When the light turned green Unit 2 was still stopped for traffic ahead of them at the light. The driver of Unit 1 did not notice Unit 2 had not moved yet and accelerated into the back of Unit 2.

No injuries were reported. Both vehicles were able to be driven from the scene. Digital photographs were taken of the damage to the vehicles which is consistent with the rear end collision described by the driver's.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**KERRY BERNHARD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**03-31-14 03:07 PM**

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 079**

DATE

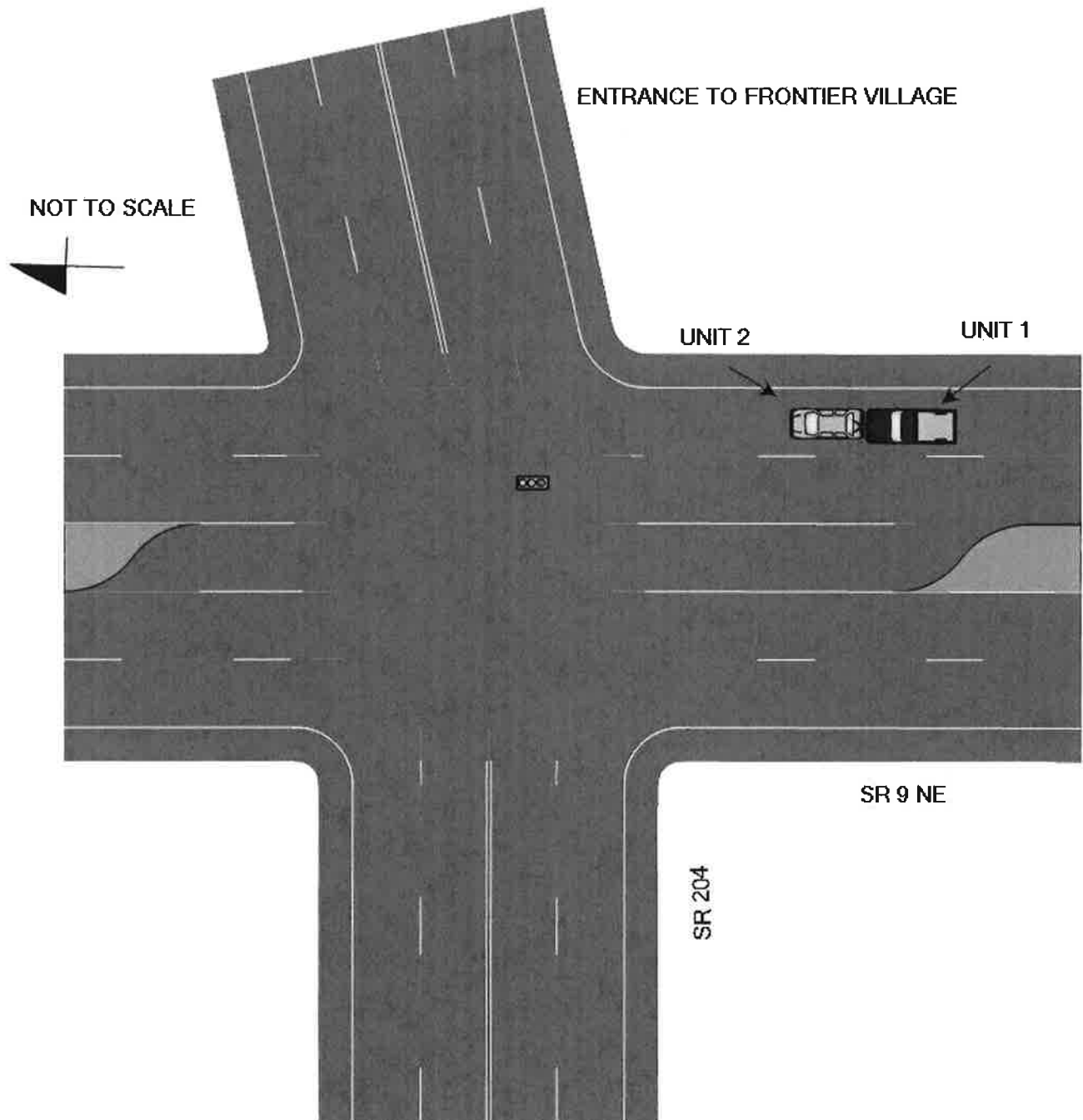
**4/1/2014 5:11:53 AM**

BADGE OR ID # **120**

ORI # **WA0311900**

TIME POLICE DISPATCHED **3:09 PM**

TIME POLICE ARRIVED **3:15 PM**



LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>K. BERNHARD #120</i>			Case Number <i>14-00740</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>ACCIDENT</i>			Date/Time: <i>3-31-14 1578</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item #  <i>KB-1</i>  Action # <i>5</i>	Item <i>Photo CD</i>	Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
	Serial #	Where Found	Weight of Narcotic								
Owner's Name <i>LSPD</i>					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>											

Item #	Item	Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
	Serial #	Where Found	Weight of Narcotic								
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item	Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
	Serial #	Where Found	Weight of Narcotic								
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item	Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
	Serial #	Where Found	Weight of Narcotic								
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item #	Item	Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)										
	Serial #	Where Found	Weight of Narcotic								
Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Evidence Control Use Only:											
Received by Evidence:		NCIC/WACIC ✓		Date:		CAD/RMS Checked		ROUTING: _____			
Name: _____ # _____		NCIC/WACIC +		Date:		Owner Letter Sent:		White: Property Room			
Date: _____ Time: _____		NCIC/WACIC -		Date:		Owner Letter Sent:		Yellow: Case File			

Incident History for: #SS14005778

Case Numbers: \$SS14000740

Entered 03/27/14 15:08:37 BY SPCT06 SP0371  
Dispatched 03/27/14 15:09:16 BY SPD17 SP0274  
Enroute 03/27/14 15:09:16  
Onscene 03/27/14 15:15:43  
Closed 03/27/14 15:32:26

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: SR 204/SR 9 NE ,LKS (V)

Loc Info: NO ON SR 9

Name: SELVY, KIMBERLY

Addr:

Phone: 4257507092

/1508 (SP0371) ENTRY ,CC, NOW, NON INJURY, NON BLKING SIL BUICK CENTU  
RY VS DRK GRY TOYOTA SUBURBAN  
/1509 (SP0274) AGCADV ,BOLO  
/1509 VIEWED  
/1509 DISPER 19D3 #SS120 BERNHARD, OFFICER (KERRY)  
/1515 (SS120 ) \*ONSCNE 19D3  
/1519 REMINQ 19D3 MDTVEH, B99072X, , WA, , , , , , , , , ,  
/1520 REMINQ 19D3 MDTWANT, MARSHALL, KRISTEN, W, 120281, , , WA, , , , , , , , , ,  
/1520 REMINQ 19D3 , , , ,  
/1520 REMINQ 19D3 MDTVEH, AGA0574, , WA, , , , , , , , , ,  
/1521 \*ASNCAS 19D3 MDTWANT, , , , , , WA, SELBYKL405K4, , , , , , , , , ,  
/1532 (SP0274) CLEAR 19D3 \$SS14000740  
/1532 CLOSE 19D3 D/H

ORIGINAL